

Quality Data Model (QDM) User Group Meeting | AGENDA/MEETING MINUTES

Meeting date | 6/18/2014 1:00 PM | Meeting location | Webinar video link: <https://www4.gotomeeting.com/register/375210199>

Participants: Alvarez, Gaby; Balasubramanyam, Balu; Barton, Cynthia; Campbell, Susan; Che, Cheng; Cooke, Kaitlin; Corob, Lori; Criswell, Dawn; Davis, Natalie; Flanagan, Angela; Giarrizzo-Wilson, Sharon; Gjordvad, Gina; Hadley, Marc; Hall, Deb; Hamlin, Ben; Hammer, Jeffrey; Heras, Yan; Hinterberg, Michelle; Moesel, Chris; Kemper, Nicole; Kunisch, Joseph; Martins, Rute; McClure, Rob; McKay, Patti; Niles, Lauren; Norris, Jimmi; Patel, Vaspaan; Perlie, LaVerne; Pummer, Eileen; Rankins, Stan; Roman, Dan; Schirle, Justin; Sethi, Kanwarpreet; Skapik, Julia; Smith, Anne; Stephens, Judi; Tietze, Mari; Zhang, Jian

Agenda Item	Time/Presenter	Objective	Discussion/Options/Decisions	Comm*
Participants	1:00 Balu	Welcome participants		
May 21 Meeting Minute Review	1:00 Balu	Review discussion, decisions, and action items from previous meeting	<p>The following announcements were made:</p> <ul style="list-style-type: none">QDM 4.1 will be released at the end of July, 2014. All updates in QDM 4.0 and 4.1 will be present in the July, 2014 Measure Authoring Tool (MAT) release. To view the QDM changes present in each QDM version, visit jira.oncprojecttracking.org.Save the date for a proposed QDM 4.1 training Tuesday, July 15; confirmation pending via email.The QDM User Group may change its monthly meeting time, beginning in July, 2014, to 2:30 – 4:30 pm Eastern Time; contact qdm@mitre.org if this new time would prohibit you from participating in future meetings.Send recommended topics and questions for the July, 2014 User Group meeting to qdm@mitre.org.	
Status Update	1:05 Chris	<u>QDM-16</u> : Address Cumulative Medication Duration temporal references	<p>The following status update was provided: The Cumulative Medication Duration (CMD) subgroup has advanced a 2014 interim solution. The solution involves:</p> <ul style="list-style-type: none">Using the SUM operator with the ‘cumulative medication duration’ attribute for Medication datatypes; orProviding calculation guidance in the measure when the interim solution is not sufficient or appropriate. <p>This solution was approved by the Measure Authoring Tool Change Control Board (MCCB), and will be incorporated into QDM 4.1. The QDM community will continue to seek a more robust solution for implementation post-2014.</p>	
QDM 4.0 Feedback	1:05 Chris	Discuss feedback on the QDM 4.0 Specification	Feedback on the specification’s layout, structure, and readability should be sent to qdm@mitre.org .	

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Chris QDM Issue Review	1:10 Chris	<u>QDM-48</u> : New standard element to represent the concept of a provider receiving a referral request (continued from 4/30)	<p>In follow-up to a previous User Group discussion regarding “closing the referral loop” measures, the measure steward for the affected Meaningful Use (MU) Stage 3 measures was consulted. A potential solution was presented for User Group discussion: use a new attribute (received: true) in measure logic to verify that a referral was received by the entity being measured.</p> <p>The User Group raised the following discussion topics:</p> <ul style="list-style-type: none"> • Do other use cases require similar logic (e.g. transmitting careplans) • Other potential representations (e.g., “(received)” without explicit value) • Potential applicability of data flow attributes in previous versions of QDM <p>The User Group will continue to discuss this issue.</p>	
	1:25 Chris	<u>QDM-59</u> : Capturing events evidenced by external documentation (continued from 5/21)	<p>In follow-up to the previous User Group meeting on how to capture laboratory tests, or other events, performed externally to the entity being measured, a subgroup was convened to discuss the issue further. A proposed solution, described by Dr. Rob McClure, was presented to the User Group.</p> <p>The solution, generally, would allow clinicians to enter external events into an EHR such that they can be treated in the same way as internally performed events. This solution would not change the QDM, as no new data types or attributes are required. See QDM-59 for more details.</p> <p>The User Group raised the following discussion topics:</p> <ul style="list-style-type: none"> • The need for more general LOINC codes, and their inclusion in corresponding value sets • Applicability (or not) to diagnostic studies (e.g., VTE) • Capturing whether or not a clinician “has seen” the results is a separate issue • Distinguishing between external and internal records (and relation to data provenance) <p>The User Group accepted the proposed approach by consensus, with the agreement that a separate Jira issue would be created to discuss distinguishing between external and internal events.</p>	
	1:45 Chris	<u>QDM-55</u> : Representing patient location at the time of death	<p>A proposal was presented to capture a patient’s location at expiration by adding the attribute “location” to the datatype Patient Characteristic Expired. It was mentioned that the effects on HQMF and QRDA would require exploration.</p> <p>The User Group raised the following discussion topics:</p>	

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			<ul style="list-style-type: none"> The requirement for measurement must be better understood (e.g., does the measure need to capture level of care or location?) Mapping locations to codes in an EHR is a heavy burden for institutions and requires constant maintenance Would a defined list of allowable locations (e.g., home health, in transit, inpatient floor) alleviate concerns? <p>The QDM Management Team will evaluate how EHRs currently capture location and level of care, and will seek to clarify the measurement requirements.</p>	
	2:20 Chris	<u>QDM-70</u> : Support for Operators Not Expressible in HQMF R2.1	<p>Some concepts expressible in HQMF R1 are not expressible in HQMF R2.1:</p> <ul style="list-style-type: none"> Defining measure populations using Median and Average Defining measure populations and measure observations using DateDiff and TimeDiff <p>Median and Average: A QDM extension to HQMF will allow Median and Average to be supported in measure populations. QDM will continue to support these features as before.</p> <p>DateDiff and TimeDiff: An alternate HQMF representation will be used for DateDiff and TimeDiff in measure observations, allowing QDM to continue supporting these features in measure observations. No suitable representation can be found for DateDiff and TimeDiff in measure populations; affected measures (CMS 72 and CMS 73) will need to be rewritten. QDM believes that the original intent can be maintained without the use of DateDiff or TimeDiff.</p> <p>Following User Group discussion, the QDM Management Team will share the proposed revised logic with the applicable measure developers for vetting.</p>	
	2:35 Chris	<u>QDM-69</u> : Relationship operators supported in MAT for applicability	<p>Five general relationship operators are not defined in the QDM and not used by any MU Stage 2 measures: authorized by, causes, Is derived from, has goal, has outcome.</p> <p>The User Group discussed “authorized by” and determined a follow-up conversation would be required. This and the remaining four operators will continue to be discussed.</p>	
Next steps	2:55	Conclusion		

Action Items	Assigned To	Due Date	Status
QDM-48: Continue discussion on how to represent a provider receiving a referral.	QDM Management Team	July User Group meeting	In progress
QDM-59: Create new issue regarding the need to distinguish between external and internal events.	QDM Management Team	July User Group meeting	Pending
QDM-55: Evaluate how EHRs currently capture location and level of care; clarify the measurement requirements for capturing a patient's location at expiration	QDM Management Team	July User Group meeting	Pending
QDM-70: Distribute the proposed revised logic for CMS 72 and CMS 73 with the applicable measure developers for vetting	QDM Management Team	June 27, 2014	Pending
Send feedback on the QDM 4.0's layout and structure to qdm@mitre.org.	QDM User Group	July 3, 2014	In progress